

CLAIMS ONLY						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
201							51			
2	1						52			
3	1						53			
4	1						54			
5							55			
6							56			
7	1						57			
8	1						58			
9	1						59			
10	1						60			
11	1						61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
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23							73			
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25							75			
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30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4		↓		↓		TOTAL IND.			
TOTAL DEP.	7	↔		↔		↔	TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5	1						
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14	1						
15	1						
16	1						
17	1						
18	1						
19	2						
20	2						
21	1						
22	1						
23	1						
24	1						
25	1						
26	1						
27	1						
28	1						
29	1						
30	1						
31	1						
32	1						
33	1						
34	2						
35	2						
36	1						
37	1						
38	1						
39	1						
40	1						
41	1						
42	1						
43	1						
44	1						
45	1						
46	1						
47							
48							
49							
50							
TOTAL IND.	11						
TOTAL DEP.			↔	↔	↔		
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY						SERIAL NO. 09975036	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4							
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		1					
19		1					
20		1					
21		1					
22		1					
23		1					
24		1					
25		1					
26		1					
27		1					
28		1					
29		1					
30		1					
31		1					
32		1					
33		1					
34		1					
35		1					
36		1					
37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47	1						
48	1						
49	1						
50	1						
TOTAL IND.	21						
TOTAL DEP.	190	↔	↔	↔	↔	↔	
TOTAL CLAIMS	211						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	22	↔	↔	↔	↔	↔
TOTAL DEP.	195	↔	↔	↔	↔	↔
TOTAL CLAIMS	217					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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12		/				
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23		/				
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27		/				
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30		/				
31		/				
32		/				
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34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
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93		/				
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99		/				
100		/				
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105	/					
106		/				
107		/				
108		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14	/					
15		/				
16		/				
17		/				
18		/				
19		2				
20		2				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29	/					
30		/				
31		/				
32		/				
33		1				
34		2				
35		2				
36		1				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	50					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
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72		1				
73		1				
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75		1				
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84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
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95		1				
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98		1				
99		1				
100		1				
TOTAL IND.	8					
TOTAL DEP.	44					
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ | FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	19		↓		↓	
TOTAL DEP.	195	←		←		←
TOTAL CLAIMS	217					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS